



USAID | **TB CARE I**
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Botswana

**Year 1
Quarterly Report
April - June 2011**

July 29th, 2011

Quarterly Overview

Reporting Country	Botswana
Lead Partner	KNCV
Collaborating Partners	
Date Report Sent	
From	Obert Kachuwaire
To	Mrs Joan LaRosa
Reporting Period	April-June 2011

Technical Areas	% Completion
1. Universal and Early Access	69%
2. Laboratories	50%
3. Infection Control	75%
4. PMDT	50%
5. TB/HIV	75%
7. M&E, OR and Surveillance	20%
Overall work plan completion	56%

Most Significant Achievements

KNCV Senior International Consultant facilitated the development of action plans for TBIC, PMDT, Community DOTS and TB/HIV during a workshop with approximately 40 stakeholders in total (2 full-day training sessions)

KNCV TA in collaboration with partners developed a first draft of a TB prevalence survey protocol (co-financed by the Global Fund).

KNCV Chief Medical Laboratory technician supported the training of 26 laboratory technicians in AFB smear microscopy.

KNCV Senior Technical Advisor developed an M&E tool for laboratory quality indicators and trained 12 technicians

Overall work plan implementation status

56 %

Technical and administrative challenges

The renovation of the laboratory has delayed the accreditation process and validation of MGIT DST. Recruitment of Senior TB Advisor for BNTP has been delayed due to new PEPFAR requirements.

Quarterly Technical Outcome Report

	2010*	2011**
Number of MDR cases diagnosed	102	31
Number of MDR cases put on treatment	92	23

* January - December 2010 ** January - June 2011

Technical Area		1. Universal and Early Access						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1.1	Establish a synergistic (all stakeholders) action plan for Community DOTS scale-up in Botswana	Action plan for Community DOTS scale-up		No	Yes	Yes	First draft of action plan developed. Workshop with approximately 11 stakeholders (1 full-day) developed draft action plans. Working group on Community DOTS established to steer the final action plan with assistance from KNCV (remote)	

Technical Area		2. Laboratories						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
2.1	Training of lab techs in smear microscopy including external quality assurance	Number of local staff trained on smear-microscopy including external quality assurance	Number of local lab techs trained or retrained at the NTRL (1 week course) every two years by September 2011. Note: this is an ongoing activity from TB CAP but the denominator is set to "0" for TB CARE.	0	75	58	Trained 28 laboratory technicians(19 males and 9 females)	Training venue needs to be renovated too small to accommodate all participants

2.2	SANAS accreditation for the Botswana TB National Reference Laboratory	Botswana NTRL is successfully accredited by SANAS	SANAS provides written proof of passing accreditation by September 2011	No	Yes	Ongoing	SANAS have scheduled for a site visit in October 2011	Laboratory Renovation led to the postponement of the SANAS assessment
2.3	Finalized validation of MGIT 1st line drug susceptibility testing and begin validation for 2nd line testing	Laboratory capacity for quality 1st line drug susceptibility testing	The Botswana NTRL has the capacity to perform quality 1st line DST and enhances capacity to perform 2nd line DST	No	Yes	Ongoing	Laboratory Renovation led to the postponement of the validation	Laboratory Renovation led to the postponement of the validation






Technical Area		3. Infection Control						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
3.1	Establish a synergistic (all stakeholders) action plan for TB infection control scale-up in Botswana	Action plan for TB Infection Control scale-up		No	Yes	Ongoing		








Technical Area		4. PMDT						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
4.1	Establish a synergistic (all stakeholders) action plan for PMDT scale-up in Botswana	Action plan for PMDT scale-up		No	Yes	Ongoing	First draft of action plan developed. Workshop with approximately 12 stakeholders including representatives from the NAP (1 full-day) developed draft action plans. Working group on TB/HIV collaborative activities established to steer the final action plan with assistance from KNCV (remote)	






Technical Area		5. TB/HIV						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
5.1	Establish a synergistic (all stakeholders) action plan for TB/HIV scale-up in Botswana	Action plan for TB/HIV scale-up		No	Yes	Ongoing	Second draft of Protocol now available	






Technical Area		7. M&E, OR and Surveillance						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
7.1	Prevalence survey study protocol development	Preparation of a TB prevalence survey study protocol	TB CARE KNCV technically assists the NTP and partners to develop a TB prevalence survey study protocol	No	Yes	Ongoing	KNCV TA in collaboration with partners developed first draft of a TB prevalence survey protocol (Co-financed by Global Fund) . Second draft of Protocol now available	
7.2	Reduce proportion of new smear positive DOTS treatment outcome cohorts classified as not evaluated	Proportion of new smear positive DOTS treatment outcome cohorts classified as not evaluated	TB CARE KNCV technically assists to reduce proportion of new smear positive DOTS treatment outcome cohorts classified as not evaluated	24% (2008)	20% (2011)	ongoing		






Quarterly Activity Plan Report







		1. Universal and Early Access	Lead Partner	Approved Budget	Cumulative Completion of the Activity	Planned Completion Month Year		Cumulative Progress and Deliverables up-to-date
1.1 Establish a synergistic (all stakeholders) action plan for Community DOTS scale-up in Botswana	1.1.1	KNCV international staff conducts field assessment for community DOTS (combined with TB IC, PMDT, and TB/HIV)	KNCV	500	 100%	Apr	2011	Field assessment performed in Gaborone and Francis Town: Interviewed community DOTS representatives in Francistown. Preliminary findings suggest that this program could be expanded but utilizing incentives (as with other programs) will increase sustainability.
	1.1.2	Stakeholder meeting (1/2 day) to develop action plan for Community DOTS scale-up	KNCV	550	 100%	Apr	2011	First draft of action plan developed. Workshop with approximately 11 stakeholders (1 full-day) developed draft action plans. Working group on Community DOTS established to steer the final action plan with assistance by KNCV (remote)
	1.1.3	Technical assistance by in-country technical advisor in Community DOTS (combined with spectrum of Stop TB activities)	KNCV		 0%	Sep	2011	
	1.1.4	Technical assistance by international senior technical consultant in Community DOTS (combined with spectrum of Stop TB activities)	KNCV	7.942	 75%	Sep	2011	Dr. Scholten facilitated the action planning workshops (including evaluation of GF R10 TRP comments on Community DOTS proposal and future strategic action planning for GF R11 proposal (or other initiatives) and will further provide input into the draft action plan on Community DOTS
					 69%			

		2. Laboratories	Lead Partner	Approved Budget	Cumulative Completion	Planned Completion Month	Year	Cumulative Progress and Deliverables up-to-date
2.1 Training of lab techs in smear microscopy including EQA	2.1.1	Technical input into course	KNCV	10.700	 75%	Sep	2011	
	2.1.2	Technical input into EQA for AFB microscopy	KNCV	1.800	 75%	Sep	2011	
2.2 SANAS accreditation for the Botswana TB National Reference Laboratory	2.2.1	Technical input into accreditation	KNCV		 75%	Sep	2011	
2.3 Finalized validation of MGIT 1st line drug susceptibility testing and begin validation for 2nd line testing	2.3.1	Finalize validation of MGIT 960 first line drugs susceptibility testing	KNCV	no budget	 25%	Sep	2011	
	2.3.2	Begin validation for 2nd line DST	KNCV	1.650	 25%	May	2011	
	2.3.3	Provide regional TA for support for DST (1st and 2nd line)	KNCV	17.072	 25%	Sep	2011	
					 50%			

		3. Infection Control	Lead Partner	Approved Budget	Cumulative Completion	Planned Completion Month	Year	Cumulative Progress and Deliverables up-to-date
3.1 Establish a synergistic (all stakeholders) action plan for TB infection control scale-up in Botswana	3.1.1	KNCV international staff conducts field assessment for TB/IC (combined with Community DOTS, PMDT, and TB/HIV)	KNCV	500	 100%	Apr	2011	Field assessment performed in Gaborone and Francis Town. Interviewed personnel and observed TB/IC situation in various hospital, clinic and penitentiary settings. In general, an awareness of TB IC is evident however in practice TB IC could be greatly improved. Intensified case-finding among HIV-infected persons and prisoners would reduce potential infectious exposures. The Princess Marina MDR-TB clinic sits in the middle of the ARV clinic which poses a serious threat. This situation must be addressed immediately.
	3.1.2	Stakeholder meeting (1/2 day) to develop action plan for Infection control scale-up	KNCV	550	 100%	Apr	2011	First draft of action plan developed. Workshop with approximately 10 stakeholders (1 full-day) developed draft action plans. Working group on TB IC established to steer the final action plan with assistance by KNCV (remote)
	3.1.3	Technical assistance by international technical consultant in Infection Control	KNCV	8.263	 100%	Sep	2011	Dr. Scholten facilitated the action planning workshops (including evaluation of GF R10 TRP comments on TB IC proposal and future strategic action planning for GF R11 proposal (or other initiatives) and will further provide input into the draft action plan on TB IC
	3.1.4	Technical assistance by in-country technical advisor in Infection Control	KNCV		 0%	Sep	2011	
					 75%			

	4. PMDT		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
4.1 Establish a synergistic (all stakeholders) action plan for PMDT scale-up in Botswana	4.1.1	KNCV international staff conducts field assessment for PMDT (combined with Community DOTS, TB-IC, and TB/HIV)	KNCV	500	 100%	Apr	2011	Field assessment performed in Gaborone and Francis Town. Observed shortages of drugs, lack of adequate attention to side effect management (particularly regarding hearing loss prevention and management), inadequate infection control. Drug supply mgt, TB IC and appropriate attention to side effect mgt all need to improve.
	4.1.2	Stakeholder meeting (1/2 day) to develop action plan for PMDT scale-up	KNCV	550	 100%	Apr	2011	First draft of action plan developed. Workshop with approximately 12 stakeholders (1 full-day) developed draft action plans. Working group on PMDT established to steer the final action plan with assistance by KNCV (remote)
	4.1.3	Technical assistance by international senior technical consultant in PMDT	KNCV	7.942	 0%	Sep	2011	Dr. Scholten facilitated the action planning workshops (including evaluation of GF R10 TRP comments on PMDT proposal and future strategic action planning for GF R11 proposal (or other initiatives) and will further provide input into the draft action plan on PMDT
	4.1.4	Technical assistance by in-country senior technical advisor in PMDT	KNCV	no budget	 0%	Sep	2011	
					 50%			

		5. TB/HIV	Lead Partner	Approved Budget	Cumulative Completion	Planned Completion Month Year		Cumulative Progress and Deliverables up-to-date
5.1 Establish a synergistic (all stakeholders) action plan for TB/HIV scale-up in Botswana	5.1.1	KNCV international staff conducts field assessment for TB/HIV (combined with Community DOTS, TB IC, and PMDT)	KNCV	500	 100%	Apr	2011	Field assessment performed in Gaborone and Francis Town. Several ART clinics were visited as well as a prison. Screening at the ART clinics is only for initiation of ART and remains passive-case finding thereafter. Inadequate recording and reporting of ICF activities. Slow initiation of ART and CPT among TB patients. Access to ARTs limited for foreigners (must self-pay). Shortages of rapid testing HIV kits in prisons which delays initiation of appropriate HIV-related treatment (preventative and curative). More emphasis needed in developing 3Is.
	5.1.2	Stakeholder meeting (1/2 day) to develop action plan for TB/HIV scale-up	KNCV	550	 100%	Apr	2011	First draft of action plan developed. Workshop with approximately 12 stakeholders including representatives from the NAP (1 full-day) developed draft action plans. Working group on TB/HIV collaborative activities established to steer the final action plan with assistance by KNCV (remote)
	5.1.3	Technical assistance by international senior technical consultant in TB/HIV	KNCV	7.942	 100%	Sep	2011	Dr. Scholten facilitated the action planning workshops (including evaluation of GF R10 TRP comments on TB/HIV proposal and future strategic action planning for GF R11 proposal (or other initiatives) and will further provide input into the draft action plan on TB/HIV. BNTP will apply to a PEPFAR 3 Is funding application. Dr. Scholten provided technical feedback on the application.
	5.1.4	Technical assistance by in-country senior technical advisor in TB/HIV	KNCV	no budget	 0%	Sep	2011	
					 75%			

		7. M&E, OR and Surveillance	Lead Partner	Approved Budget	Cumulative Completion	Planned Completion Month	Year	Cumulative Progress and Deliverables up-to-date
7.1 Prevalence survey study protocol development	7.1.1	KNCV provides TA to develop with partners a prevalence survey protocol (Co-financed by Global Fund)	KNCV	20.724	 100%	Mar	2011	
7.2 Reduce proportion of new smear positive DOTS treatment outcome cohorts classified as not evaluated	7.2.1	KNCV international staff conducts M&E field assessment for treatment outcome collection	KNCV	26.263	 0%	Aug	2011	
	7.2.2	KNCV convenes 1 day meeting with NTP/partners on reasons for not evaluated outcomes	KNCV	1.800	 0%	Aug	2011	
	7.2.3	KNCV provides recommendations for improvement in treatment outcome reporting	KNCV	no budget	 0%	Sep	2011	
	7.2.4	Technical assistance by in-country senior technical advisor in M&E	KNCV	no budget	 0%	Sep	2011	
					 20%			

Quarterly Activity Plan Modifications

Request for Cancellation or Discontinuation of Activities										
Approved By (write dates)			Old Code	7. M&E, OR and Surveillance	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID		Activities from the Work Plan						
			7.2.1	KNCV International staff conducts M&E field assessment for treatment outcome collection		26.263		Support development of strategic plan for the BNTP 2013-2018		28063
			7.2.2	KNCV convenes 1 day meeting with NTP/partners on reasons for not evaluated outcomes		1.800				
			7.2.3	KNCV provides recommendations for improvement in treatment ourcome reporting						
			7.2.4	Technical assistance by in-country senior technical advisor in M&E						

* Detailed budget is attached

Request for Postponement of Activities to Next Year						
Approved By (write dates)			Old Code	1. Universal and Early Access	Lead Partner	Remaining Budget
Mission	PMU	USAID		Activities from the Work Plan		
				{Copy from the work plan}		

Request for Adding New Activities to the Current Work Plan						
Approved By (write dates)			New Code	2. Laboratories	Lead Partner	Proposed Budget*
Mission	PMU	USAID		Proposed New Activities		
				Support attendance at MGIT DST training course for head of DST section at MRC in South Africa		5.000

				Support attendance at SANAS technical assessor course for NTRL quality officer		2.000

*** Detailed budget is attached**

Quarterly Photos (as well as tables, charts and other relevant materials)



Mr Radisowa (NTRL Head) handing over certificates during end of course



Mr Mulenga demonstrating microscope function during lab practical sessions